

**CITY OF MILWAUKEE  
SUBCONTRACTOR AFFIDAVIT OF COMPLIANCE  
WITH MINIMUM WAGE SCALE AND SPECIAL AREA WORKER HOURS PROVISIONS**

STATE OF \_\_\_\_\_ ) Project Name \_\_\_\_\_  
 ) SS.  
\_\_\_\_\_ County) DPW Contract No. \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state that:

1. I am the \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_  
(State)  
Corporation, partnership, or individual of \_\_\_\_\_,  
(City, Village, Township) (State)  
and make this affidavit pursuant to the provisions of § 66.0903 (9), Wisconsin Statutes, and Wisconsin  
Administrative Code section § DWD 290.13 regarding wage and fringe benefit rates for municipal contracts for  
construction of public works and pursuant to Section 309-41 of the Milwaukee Code of Ordinances.
2. I have recently completed the work required under the terms of the contract dated \_\_\_\_\_,  
With the City of Milwaukee, Department of Public Works and \_\_\_\_\_  
for the construction of all or part of the above-named public works (Name of Prime Contractor)  
project and make this affidavit in order to obtain my final payment.
3. I have fully complied with the wage and hour requirements as set forth in the above-referenced contract and paid  
overtime rates (1-1/2 times) for any work over ten (10) hours per day or forty (40) hours per week.
4. I have full and accurate records which clearly show the name, trade or occupation, and home address of every laborer,  
worker, or mechanic that I employed in connection with the work on this project, as well as the hours worked and actual  
wage and fringe benefits paid to such employees. These records will be kept at \_\_\_\_\_  
in the custody of \_\_\_\_\_, whose address and telephone number are \_\_\_\_\_  
\_\_\_\_\_. These payroll records and evidence of compliance set  
in Paragraph 4 will be retained and made available for inspection for a period of at least **seven (7)** years following the  
completion of the project and will not be removed without prior notification to the commissioner of Public Works.
5. I certify that \_\_\_\_\_ were the total number of hours worked on this project with \_\_\_\_\_ hours  
being worked by residents of the special impact area and \_\_\_\_\_ hours being worked by all other  
workers.

<u>Title</u>	<u>Officer Name</u>	<u>Address</u>
<u>President</u>	_____	_____
<u>Vice President</u>	_____	_____
<u>Secretary-Treasurer</u>	_____	_____

Subscribed and sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

Notary Public, State of \_\_\_\_\_

My commission Expires: \_\_\_\_\_

\_\_\_\_\_  
(Contractor Signature)